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8	UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA
9	NORTHERN DISTRICT OF CALIFORNIA
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11	Phillip Price Plaintiff, CASE NO. CVOS 1416 VRW
12	vs. Cov. Ar nold Sch. Application to proceed in forma pauperis
13	Our 20 Negger, Thomas Hoffman (Non-prisoner cases only)
14	Shirley Poe, Reg. P. A. Petendant.
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16	I, Yhilly Price, declare, under penalty of perjury that I am the plaintiff
17	in the above entitled case and that the information I offer throughout this application is true and
18	correct. I offer this application in support of my request to proceed without being required to
19	prepay the full amount of fees, costs or give security. I state that because of my poverty I am
20	unable to pay the costs of this action or give security, and that I believe that I am entitled to relief
21	In support of this application, I provide the following information:
22	1. Are you presently employed? Yes No
23	If your answer is "yes," state both your gross and net salary or wages per month, and give the
24	name and address of your employer: Gross: Pex. Wonth 120,00 Net: \$ 900.00. Per. Month
25 26	Employer: Evertt and Jones 126 Broadwayst
27	Cakland CA 94612-(510) 663-2350
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If the answer is "no," state the date of last employment and the amount of the gross and net salary

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1	and wages per month which you received.				
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5	2. I	Have you received, within the past twelve (12) months, any money from any of the			
6	followin	g sources:			
7	a	. Business, Profession or YesNo			
8		self employment?			
9	ь	. Income from stocks, bonds, YesNo			
10		or royalties?			
11	С	. Rent payments? YesNo			
12	d	. Pensions, annuities, or YesNo			
13		life insurance payments?			
14	е	. Federal or State welfare payments, YesNo			
15		Social Security or other govern-			
16		ment source?			
17	If the answer is "yes" to any of the above, describe each source of money and state the amount				
18	received	from each.			
19					
20					
21	3. A	are you married? YesNo			
22	Spouse's	Full Name:			
23	Spouse's	Place of Employment:			
24	Spouse's	Monthly Salary, Wages or Income:			
25	Gross \$_	Net \$			
26	4. a	List amount you contribute to your spouse's support:\$			
27	ь	List the persons other than your spouse who are dependent upon you for support			
28		and indicate how much you contribute toward their support. (NOTE: For minor			

1	children, list only their initials and ages. DO NOT INCLUDE THEIR NAMES.)		
3			
4	5. Do you own or are you buying a home? YesNo		
5	Estimated Market Value: \$ Amount of Mortgage: \$		
6	6. Do you own an automobile? Yes(No)		
7	Make Year Model		
8	Is it financed? Yes No If so, Total due: \$		
9	Monthly Payment: \$		
10	7. Do you have a bank account? Yes(Do <u>not</u> include account numbers.)		
11	Name(s) and address(es) of bank:		
12			
13	Present balance(s): \$		
14	Do you own any cash? Yes Amount: \$		
15	Do you have any other assets? (If "yes," provide a description of each asset and its estimated		
16	market value.)		
17	DI 100 100/ 00/ 00		
18	8. What are your monthly expenses? Plaintiff must Pay 40% of Pay to V.O. A Transitional Rogram.		
19	Kent. 5 Outsides.		
20	Food: \$ Clothing: \(\frac{320.00}{\text{Per Movth}}\)		
21	Charge Accounts:		
22	Name of Account Monthly Payment Total Owed on This Account		
23	<u>none</u> ss		
24	\$ \$		
25	\$ \$ \$		
26	9. Do you have any other debts? (List current obligations, indicating amounts and to whom		
27	they are payable. Do <u>not</u> include account numbers.)		
28			

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2	10. Does the complaint which you are seeking to file raise claims that have been presented in
3	other lawsuits? Yes No
4	Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in
5	which they were filed.
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8	I declare under the penalty of perjury that the foregoing is true and correct and understand that a
9	false statement herein may result in the dismissal of my claims.
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11	331-08 Thilly Times
12	DATE SIGNATURE OF APPLICANT
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UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF CALIFORNIA

E-filing

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Dear Sir or Madam:
Your complaint has been filed as civil case number
A filing fee of \$350.00 is now due. If you are unable to pay the entire filing fee at this time, yo must sign and complete this court's Prisoner's <u>In Forma Pauperis</u> Application in its entirety. If the application is granted, you will not have to prepay the fee, but it will be taken out of income to your prisoner account in installments.
Your complaint is deficient because you did not pay the filing fee and:
1 you did not file an In Forma Pauperis Application.
2the <u>In Forma Pauperis</u> Application you submitted is insufficient because:
You did not use the correct form. You must submit this court's current Prisoner In Forma Pauperis Application.
Your In Forma Pauperis Application was not completed in its entirety.
You did not sign your <u>In Forma Pauperis</u> Application.
You did not submit a Certificate of Funds in Prisoner's Account completed and signed by an authorized officer at the prison.

Enclosed you will find this court's current Prisoner's <u>In Forma Pauperis</u> Application, which includes a Certificate of Funds in Prisoner's Account form, and a return envelope for your convenience.

transactions for the last six months.

You did not attach a copy of your prisoner trust account statement showing

Warning: YOU MUST RESPOND TO THIS NOTICE. If you do not respond within THIRTY DAYS from the filing date stamped above, your action will be DISMISSED, the file closed and the entire filing fee will become due immediately. Filing a prisoner's <u>In Forma Pauperis</u> Application will allow the court to determine whether installment payment of the filing fee should be allowed.

Sincerely,
RICHARD W. WIEKING, Clerk,

By

Deputy Clerk

rev. 10/25/07

PRICE

POSTAGE WILL BE PAID BY UNITED STATES COURTS

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